

**CONSENT FORM**

I have read, understand and agree to the UDM, CHP, MSON criminal background check and urine drug screening policies and procedures. I hereby release the UDM, CHP/MSON from any claim in connection with the above named policies.

I understand the purpose of this policy is to provide a safe working and learning environment for patients, students, clinical and institutional staff and property. Accordingly, I understand and consent to the following:

**Please initial each number to indicate agreement:**

- \_\_\_\_\_ 1. I consent to a criminal background check and urine drug screening as required by clinical agencies and directed by the UDM, CHP/MSON.
- \_\_\_\_\_ 2. I authorize the release of all information and results from the criminal background check and urine drug screening to the CHP/MSON Dean, Compliance Officer, my program chairperson or others as specified in the policies.
- \_\_\_\_\_ 3. I understand that all costs incurred with the criminal background check and urine drug screening will be my responsibility and are subject to change at any time.
- \_\_\_\_\_ 4. I understand that I **MUST** have personal health insurance in force during the clinical/internship portion of studies at the UDM CHP/MSON. If at any time during my clinical/internship studies I am not in compliance with this requirement, I will be withdrawn from the clinical/internship portion of my program which may result in delayed graduation or dismissal from the program.
- \_\_\_\_\_ 5. I hereby release and agree to hold harmless the UDM CHP/MSON, their officers, employees, trustees and agents from any and all liability arising from such tests, including, but not limited to the testing procedure, accuracy of the tests and disclosure of the results.

My signature indicates that I have read, understand and agree to all information on this consent form and that I have signed it voluntarily.

Printed Name \_\_\_\_\_ Program \_\_\_\_\_

\_\_\_\_\_  
Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Return completed form with original signature to:  
Nursing (Graduate & Undergraduate) – upload to your ACEMAPP account  
Nurse Anesthesia – upload to your Typhon account  
Physician Assistant – upload to your ACEMAPP and Typhon account  
All other programs –

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